

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 940000 82464			
1. Corporation Name DROID INC.			
2. Principal Office Address 11150 W. OAKLAND PARK BLVD Suite, Apt. #, etc.		3. Mailing Office Address 11150 W. OAKLAND PARK BLVD Suite, Apt. #, etc.	
City & State SUNNY ISL FL		City & State SUNNY ISL	
Zip 33351	Country Brazil	Zip 33351	Country Brazil

FILED
02 AUG 19 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/22/02-01042-028
****608.75 ****608.75

4. Date Incorporated or Qualified To Do Business in Florida 4/7/01	
5. FEI Number 60536290	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name EDWARD GERSTEN	
Street Address (P.O. Box Number is Not Acceptable) 11150 W. OAKLAND PARK BLVD	
Suite, Apt. #, Etc.	
City SUNNY ISL	
State FL	Zip Code 33351

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent Act

Date 8/19/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	EDWARD GERSTEN	7974 EXCELSIOR BLVD W	TAMPA FL 33321
Secretary	SARAH GERSTEN	" " "	" " "

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Act EDWARD GERSTEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

811-947428189

Date

Daytime Phone #